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The address associated with Customer Number: 25096 RFIP or Individual Name Address Sity State Zip Zip Country Telephone Email Assignee Name and Address: Transpacific Plasma, LLC 27/11 Centerville Road, Suite 400 Wilmington, DE 19808 A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must Identify the application in which this Power of Attorney is to be filled. Signature of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee. Signature Name Rebecca Tu Telephone	any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).							
State Zip	Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:							
Firm or Individual Name Address State Zip				25096				
Address Address Country State Zip Country Telephone Email Assignee Name and Address: Transpacific Plasma, LLC 2711 Centerville Road, Suite 400 Wilmington, DE 19808 A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be lifted in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which the Power of Attorney is to be filled. Signature of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee Signature Name Rebecce Tu Telephone	OR							
City State Zip Country Telephone Email Assignee Name and Address: Transpacific Plasma, LLC 2711 Centerville Road, Suite 400 Wilmington, DE 19808 A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled. SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee Signature Date 16 Fabl 2011 Telephone								
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Signature Date 16 7-41, 2011 Name Rebecce Tu Telephone								
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Title Authorized Person for Transpacific Plasma, LLC	Title							